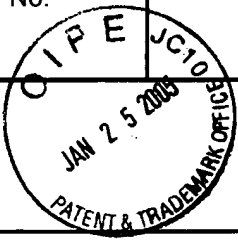


CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)			Docket No.
Applicant(s): <i>Shoben et al</i>			<i>SHO-3010</i>
Serial No.	Filing Date	Examiner	Group Art Unit
Invention: 			
<p>I hereby certify that the following correspondence:</p> <div><i>CPA division Utility Application</i> <i>of Serial No. 09/941,325</i></div> <p>(Identify type of correspondence):</p> <p>is being deposited with the United States Postal Service "Express Mail-Post Office to Addressee" service under <i>AD Alexandria VA 22313</i></p> <p>37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on <i>1/25/05</i></p> <p>(Date)</p> <div><i>Eugene Libert</i> (Typed or Printed Name of Person Mailing Correspondence) <i>[Signature]</i> (Signature of Person Mailing Correspondence) <i>E1693834920US</i> (<i>"Express Mail"</i> Mailing Label Number)</div>			

Note: Each paper must have its own certificate of mailing.



UNITED STATES POSTAL SERVICE®



9252

www.usps.com

U.S. POSTAGE
PAID
NEW YORK, NY
JAN 23, 05
AMOUNT

\$13.65
00035984-01



EXPRESS
MAIL

UNITED STATES POSTAL SERVICE™

POST OFFICE TO ADDRESSEE EJB93834920US

ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day Int'l Alpha Country Code	Postage \$ Return Receipt Fee \$ COD Fee Insurance Fee Total Postage & Fees \$
Weight lbs. ozs. No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Signature of Addressee or Agent		
X		
Name - Please Print		
X		

Addresssee Copy

BEST AVAILABLE COPY

CUSTOMER USE ONLY

TO FILE A CLAIM FOR DAMAGE OR LOSS
OF CONTENTS, YOU MUST PRESENT THE
ARTICLE, CONTAINER, AND PACKAGING
TO THE USPS FOR INSPECTION.

☐ WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is required. Insured items must be accompanied by a signed statement of contents. (Proof of insurance can be obtained from the carrier.)

☐ NO DELIVERY ☐ Weekend ☐ Holiday

FROM: (PLEASE PRINT)

PHONE ()

TO: (PLEASE PRINT)

PHONE ()

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



Label 11-B July 1997

EP-13F February 2002

© USPS 1995